

## 15-74

## Procedure for Recommending Waiver

(1) **General.** When preparing waiver requests, sufficient information about the medical condition or defect must be provided to permit reviewing officials to make an informed assessment of the request itself, and place the request in the context of the duties of the service member. Most delays involving waiver requests result from inadequate or insufficient information submitted regarding the defect, or inadequate information about the position or program in which the service member is participating.

(2) **Personnel Authorized to Request Waivers**

(a) Commanding officer of the member, or of a hospital or clinic; examining or responsible medical officer; or, the service member may request a waiver.

(b) In certain cases the initiative to request or recommend a waiver will be taken by BUMED, CNRC, CMC, or BUPERS. In no case will this initiative be taken without informing the local command.

(3) **Waiver Requests.** At a minimum, waiver requests will include a description of the defects in the appropriate sections of the SF-88, summarized in the diagnosis section, and the examiner's recommendation entered in item 75 of the SF-88. If additional space is needed use a continuation form. Also, the words **WAIVER RECOMMENDED** will be stamped, printed, or typed in bold letters on the upper right margin above item 3 of the SF-88. The commanding officer or officer in charge of the examining facility may indicate by forwarding an endorsement, agreement, or disagreement with the recommendations of the medical examiner. Final action on all recommendations for waiver of the physical standards is taken by BUPERS, CNRC, or CMC, as appropriate, upon the recommendation of BUMED. Until waiver determination is made, the status of examinees already qualified for duty will be determined by the examinee's commanding officer based on the recommendation of the cognizant medical officer. Applicants may not be processed for transfer until a written waiver has been received from the appropriate waiver authority and made part of the permanent Health Record.

(4) **Conditional Waivers.** For the special circumstances involving physical examinations incident to the assignment of a Navy or Marine Corps reservist to active duty, a conditional waiver may be granted for any defects which in all probability will not interfere with the member's performance on the active list including active duty for training in excess of 30 days (excluding active duty for training of 30 days or less and involuntary training duty of 45 days). The conditional waiver carries with it the authority to consider the member physically qualified for active duty, including active duty for training in

excess of 30 days, prior to final review of the records. When granted, the member will be so advised and the conditional waiver will be reported on the reverse of the SF-88. The reporting procedure is the same as any recommendation for waiver.

(5) **Limitation of or Restrictions on Waivers.** Waiver requests for service members qualified for a special duty or program, who develop physical defects that exceed medical standards for their program or special duty, may be recommended for continuation of their duties in a limited or restricted status.

(6) **Special Warfare, Diving or Any Hyperbaric Duty, Submarines**

(a) Regardless of who submits a waiver request, it must be forwarded via the chain of command. At each echelon in the chain of command a medical officer, if assigned, must review and comment on the waiver request.

(b) Upon proper request and with appropriate documentation a limited or restricted waiver may be recommended. To illustrate, a waiver could be recommended for a person who would not be expected to return for duty on board a submarine in remote waters. The individual could be required to embark on a submarine underway in local waters for short periods of time, e.g., weekly ops, on a temporary additional duty (TAD) status, where there is no risk to true operational missions. The modifying stipulations must be stated on the limited or restricted waiver recommendation and approval.

(1) To be considered most strongly is the risk of morbidity to the individual upon reoccurrence of the condition at sea or in the field.

(2) These waivers will be processed by the administrative chain of command, including BUMED recommendation and BUPERS or CMC approval.

(c) Request for phone or message waivers due to impending deployments may be made to BUMED, if there is agreement of the member's commanding officer, unit medical officer, and TYCOM medical officer.

(1) In all instances where an interim phone or message waiver is granted, all supporting medical documentation will be submitted to BUPERS via the chain of command and BUMED at the earliest possible time.

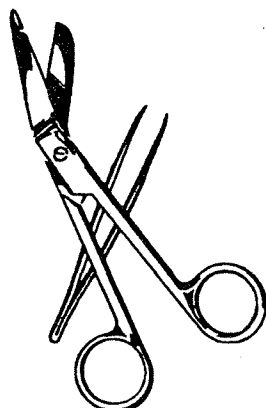
(2) When an interim phone waiver is granted it must be recorded on an SF-600 and placed in the individual's Health Record.

(7) **Aviation Duty.** Should any aviation personnel fail to meet the standards for the type of duty assigned and the physical defect is expected to exist or has existed for greater than 30 days, a waiver of physical standards may be requested.

(a) Waiver requests for members of the reserves and reaffiliation waiver requests must be submitted to BUPERS via the CO and CNARF.

(b) If an individual is found medically disqualified for aviation duty, the examining flight surgeon will complete an SF-88 and SF-93 which must state the initial date of incapacitation, total estimated duration of incapacitation, and whether or not a waiver of the physical standards is recommended. All medical documentation regarding the disqualifying defect will be included with the waiver request.

(c) The waiver request must include the service member's current designation, qualifications, the nature of currently assigned duties, and what restrictions to duty (if any) are being requested (e.g., Service Group III, continental United States (CONUS) only, patrol maritime only, etc.). These requests will be forwarded to BUPERS or CMC via the NAVAEROSPMEDINST (Code 42).



## 15-75

### Special Examination Requirements

(1) All naval medical examining facilities and examiners are directed to ensure that SF-88s and SF-93s are complete and contain an adequate evaluation of each defect noted, prior to submission of the reports to responsible reviewing authorities. This must include current consultations, laboratory reports, tissue reports, narrative summaries, operation reports, interval and summary physician reports, and medical boards.

(2) This article establishes guidelines relative to the additional medical information often required in connection with the medical examination.

(3) The following conditions, defects, and items of personal history will be thoroughly evaluated as indicated below.

**ALBUMINURIA.** A 24-hour urine tested for albumin. Report positive findings of albumin in mg percent.

**AMPUTATION.** Submit photographs and current orthopedic consultation demonstrating adequate functional capacity.

**REACTIVE AIRWAY DISEASE (ASTHMA).** Subsequent to age 12. Detailed report of reactive airway disease (asthma) and other atopic and allergic conditions of the examinee and their family and a statement from examiner on (1) number and approximate dates of attacks of bronchospasm or other allergic manifestations; (2) signs, symptoms, and duration of each attack; and (3) type and amount of broncho-dilating drugs used. Submit with PFT before, during, and after exercise, without use of bronchodilator.

**BACKACHE.** Back injury or wearing of back brace. Current orthopedic consultation and report on strength, stability, mobility, and functional capacity of back. Report of appropriate x-rays to be accomplished by a qualified physician. Transcript of any treatment from cognizant physician.

**BLOOD PRESSURE or PULSE ABNORMALITY.** Repeated pulse and blood pressure (sitting position) readings in the a.m. and p.m. for 3-5 days without prolonged rest or any sedation. Completion of all sections of SF-88 items 57 and 58.

**CONCUSSION.** See HEAD INJURY.

**CONVULSIONS/SEIZURES,** history of. Neurological consultation and electroencephalogram plus a transcript of any treatment from cognizant physician.

**DIZZINESS or FAINTING SPELLS.** Neurological consultation.

**ENURESIS,** after age 12. Comment on applicant's affirmative reply to question bed wetting to include number of incidents and age at last episode plus a detailed report of consultation by a psychiatrist or clinical psychologist for evaluation of maturity, emotional stability, and suitability for service.

**ELEVATED BLOOD SUGAR.** Daily fasting blood sugar for 3 days.

**FLATFOOT,** symptomatic. Current orthopedic or surgical consultation with detailed report on strength, stability, mobility, and functional capacity of foot. Report of appropriate x-rays are to be evaluated by a qualified physician. Current level of physical activity must be commented on.

**GLAUCOMA.** Current ophthalmology consultation to include tonometry and field of vision.

**GLYCOSURIA.** See elevated blood sugar.

**HAY FEVER.** Detailed report of hay fever and other allergic conditions and a statement from the cognizant personal physician on (1) number, severity, and duration of attacks of hay fever or any other allergic manifestations, and (2) type and amount of drugs used in treatment thereof.

**HEADACHES,** frequent or severe. Neurological consultation.